

scissors he cuts off the portion thus raised, and completely insulates the conjunctiva covering the cornea, the consequence of which is the gradual absorption of the opacity of the part affected, and the cornea recovers its transparency. The after-treatment is very simple, consisting merely in the introduction of a small quantity of antimony between the lids; in fact the result of the operation is confidently expected to be successful without any other application.—*Transactions of the Med. and Phys. Soc. of Calcutta*, vol. viii. Pt. 1.

MIDWIFERY.

54. *Expulsion of a Fetus after the interment of the Mother*.—A case of this is recorded by Messrs. DUNN and SAVILLE, in the *Edinburgh Medical and Surgical Journal*, for October last. A woman aged 39, died in labour, 18th July, after suffering severe and ineffectual pains for 48 hours. She was buried the next day, but in consequence of reports that she was not properly treated, the body was disinterred three weeks and four days afterwards. The attending physician stated that the os uteri was during labour so rigid and studded with tubercles, that he never could introduce, more than one finger into the cervix. The patient suffered from repeated uterine hemorrhages for some time previous to enduring labour.

On examination a child of near eight months growth was found lying on the mother's thighs, the head downwards, and one foot and the funis still connected with the vagina. Two large ulcers were observed in the neck of the uterus, and in the back of the vagina, the neck was perfectly relaxed, the placenta still attached to the fundus uteri, but the uterus loose and not contracted on it—indeed presenting a cavity nearly large enough for the fetus, which had been expelled. The nurse was positive of the fetus having been in the uterus seven hours after death.

It may be asked how is it that a child which was expelled after the death of the mother could not be removed during her life. Mr. Dunn thinks that this was owing to the resistance of the os uteri and cervix being overcome, 1st, by the relaxation occasioned by the act of dissolution, and 2dly, by the collapse of the cauliflower excrescences, which seem to have been rigid and swollen during life, but were totally gone on the necroscopic inspection; and secondly, by the distension of the parietes of the abdomen from the gas evolved during decomposition, the os and cervix reacting upon the most yielding parts, which were now the os and cervix uteri, and thus, by their common elasticity, expelling the child. The collapsed and flaccid state of the uterus, the very relaxed cervix and mouth, the distended abdomen, all concur in supporting this view.

Dr. MAIZIER, in a dissertation published at Berlin in 1835, has collected forty-three cases in which the fetus has been expelled from the womb after the death of the mother; in one only had the woman been interred.

55. *Extra-Uterine foetation—Gastrotomy—Cure*.—On the 15th of September, 1837, Dr. Swanck, of Hamburg, was called on to attend a female, who had experienced labour pains for the last three days; on examination he discovered an extra-uterine pregnancy. Gastrotomy was performed on the following day; an incision, five inches in length, was made along the linea alba, and the chorion exposed, which presented a tendinous appearance; the membranes were now divided, and the fetus brought into view, but the incision was found to be too small to admit of its extraction; the opening of the abdominal parietes was, therefore, enlarged by half an inch, when the fetus was removed without difficulty; in a few moments more the placenta presented between the edges of the wound, and was also extracted. The wound was united by five sutures, and after a lapse of three weeks the woman was perfectly well. The child also survived, and at the time of the publication of this case was a strong healthy boy.—*Lancet*, September, 1838, from *Caspar's Woch. and Archives de Méd.*, June, 1838.

56. *Resuscitation of Still-born Children.*—The following remarks on this subject, by J. Toogoon, Esq., published in a recent No. of the *Lancet*, (Aug. 25,) though not possessing much novelty, we have thought worth transferring to our pages, inasmuch as they tend to encourage practitioners to continue their efforts for the resuscitation of asphyxiated infants, by showing that success may be often obtained under very discouraging circumstances.

"Cases of apparently still-born infants are very common. The attempts to restore life are frequently ill-directed, and not calculated to promote the object. It will be found that a very large proportion of children, apparently dead born, may be resuscitated, if proper means be resorted to and persevered in for a sufficient length of time; but the modes generally employed to restore life, such as immersing the infant in warm water, friction, and pouring stimulants down the throat, are not at all calculated to produce the effect intended, and if these means do not succeed after a short trial, all further attempts are generally abandoned. The plan I always adopt, which has never failed where the child was living during birth, is very simple, and only requires perseverance. The following cases, under circumstances by no means favourable, which have been selected from a great many more, will prove the success of the practice recommended.

"Grace White, a very weakly woman, far advanced in consumption, was seized, in the morning, with uterine hæmorrhage, which continued slightly till the evening, when I saw her, and, whilst standing by her bed-side, the flooding increased with such violence, that I thought it best to deliver her instantly; the child was still-born. As soon as I had removed it from the mother, and seen her safe from any immediate danger, I placed a napkin over the child's mouth, and inflated its lungs from my mouth, pressing out the air from the chest afterwards, and thus imitating natural respiration. After having continued this process for thirty-five minutes, the child made a very slight attempt to breathe, and the face became slightly suffused; by persevering ten minutes longer, the free action of the lungs was established, and the child cried lustily.

"The next case was that of a poor woman, named Sarah Holmes, of the parish of Spaxton, who had been in labour a long time, with a presentation of the arm, and, as it was her first confinement, it became very difficult to turn the child, particularly as she was advanced in age, and the parts were very rigid. The child was still-born; but, by pursuing the same plan actively for three quarters of an hour, animation was perfectly restored.

"The next was a case of presentation of the funis, and as the labour was slow, the child was still-born, but recovered by the same means in half an hour.

"The last case with which I shall trouble you, was such as to discourage the attempt at resuscitation under any circumstances; it was a case of twins, and the second child presented with the head, before which a considerable portion of the funis had descended. The delivery was extremely slow, from the general weakness of the woman, who had been for a long time in a bad state of health, and the child was born, apparently, quite dead. As the mother's situation was extremely critical, more than half an hour had elapsed before I could attend to the child, and, on inquiring, I found it had been wrapped in a cloth and placed on a chair in another room. I immediately made the attempt to restore it, and, by persevering steadily for twenty-five minutes, I had the satisfaction to see symptoms of returning life; and, in about fifteen minutes more, the child breathed freely.

"Every thing in this last case was unfavourable to the restoration of the child; the mother's long-continued disease; the circumstance of her having two children, and more particularly the delay which took place before any attempt was made, during which time the child was exposed in a room without fire, in the winter, with a partial and very slight covering. I am warranted, by my own experience, in recommending the attempt to restore all still-born children who have been alive during the birth; and if the means of resuscitation, above mentioned, be actively employed, and steadily persevered in, I believe the majority of cases will be successful. In all cases the restoration of a child is a most

satisfactory circumstance, and, in some instances, of the greatest possible consequence. I have never found anything necessary but the regular inflation of the lungs, which I do with my own mouth in the way I have described, and have generally observed the first symptom of returning life to be a tremulous motion of the respiratory organs; the child next makes a feeble attempt to inspire, and the colour of the face changes. The inflation should then be made quicker, and as the attempts to breathe increase, sal volatile, or brandy, rubbed over the palm of the hand, and held over the mouth during the inflation of air, will materially assist the recovery, and has a better effect than pouring stimulants into the stomach. A few smart slaps on the gluteal muscles will now generally complete the recovery.

"It has always been my practice to expire as completely, and immediately to inhale as much air as possible, and this should be repeated frequently during the process of inflating the lungs."

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

57. *The Blood is not always black in Asphyxia by Charcoal.*—The black colour of the blood is generally pointed out as one of the most constant characteristic phenomena of asphyxia from charcoal. It would appear, however, from the researches of M. OLIVIER, that instead of being black, the blood which flows from the vessels in cases of asphyxia produced by charcoal, is sometimes red. This physician, in making a judicial examination in 1837, of a number of bodies of individuals asphyxiated by charcoal, found, the blood red in five cases. What M. Olivier has seen in the dead body, M. MARYE has observed during life in several subjects incompletely asphyxiated by charcoal. In one case, the phenomena of asphyxia had existed several hours, and were so intense that there was imminent danger of death. In this state, a vein was opened in the arm, and the blood which flowed was manifestly red, and promptly coagulated. In a second subject, in the highest degree of asphyxia, the blood which was drawn from the arm was equally red. In a third case of asphyxia, of brief duration, the blood was red and promptly coagulated. Finally, in two others, where the asphyxia had reached its last stage, for one of the individuals died two hours after having been bled, the blood which flowed from the vein was red, and coagulated promptly.

These facts show that, in post-mortem examinations, a red colour of the blood should not be considered as demonstrating the impossibility of death having been occasioned by asphyxia from charcoal.—*Bulletin Gén. de Thérap.* August, 1838.

58. *Poisoning by Arsenious acid cured by Tritoxide of Iron.*—An example of this is recorded by JOHN MURRAY, M. D., in our esteemed cotemporary the *Quarterly Journal of the Calcutta Medical and Physical Society*, (Dec. 1837.) The subject of the case was an hospital apprentice, ætat. 22, who swallowed, with the intention of committing suicide, about fifteen grains of white arsenic, at nine A. M. of the 19th May, 1837. At ten o'clock, vomiting and purging came on. When seen by Dr. Murray at eleven o'clock, he was much depressed, pulse 100, weak. Three grains of tart. antim. were given, which caused free vomiting; he was bled 16 ounces; and repeated mucilaginous draughts given, until some of the tritoxide of iron was prepared.

One, P. M. Acute pain in epigastrium, extending over abdomen; efforts to vomit; tenesmus. Half an ounce of the tritoxide of iron was given every hour, with mucilaginous drinks. At four, P. M., twenty leeches were placed to epigastrium, which relieved the pain in the epigastrium. A dose of oil was given at seven, P. M., and the tritoxide continued at longer intervals. Eleven, P. M., one copious stool; pain in abdomen, acute on pressure; slight cramps in